



March 6, 2026

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 579 – Counties – No-Cost Preventive Cancer Screenings for Volunteer Firefighters

Dear Chair Beidle:

The Maryland State Council on Cancer Control (Cancer Council) supports expanding access to evidence-based cancer prevention and screening services for Maryland’s volunteer firefighters, who face elevated cancer risk due to occupational exposures. However, the Council has serious concerns with Senate Bill 579 (SB 579) because it would permit the use of unproven multi-cancer early detection (MCED) blood tests as part of a mandated, publicly funded screening program.

Premature Adoption of Unproven Technologies

MCED tests are an emerging category of blood-based assays that detect cancer-associated biomarkers but do not diagnose cancer. At present, **no MCED test has received FDA approval, and none have demonstrated a reduction in cancer-specific mortality or overall mortality in randomized clinical trials.** While some tests have shown an ability to detect cancer signals, detection alone does not equate to improved health outcomes.

Importantly, there are **more than 30 MCED tests currently in development**, and some are already being marketed through regulatory pathways that do not require FDA premarket approval. Commercial availability should not be mistaken for clinical effectiveness or safety. MCED tests also vary widely in their underlying biological approaches (e.g., circulating tumor DNA, protein biomarkers, or combinations of both), resulting in inconsistent performance characteristics and further uncertainty regarding their appropriateness for population-level screening.

Potential Harms and Risks of Multi-Cancer Early Detection Test

Premature adoption of MCED tests presents meaningful risks. False-positive results may lead to unnecessary imaging, invasive procedures, anxiety, and downstream costs. False-negative results may provide false reassurance and delay appropriate, evidence-based screening. These harms are especially concerning in the absence of clear clinical pathways, consensus guidelines, or demonstrated benefit.



Financial Risk and Equity Concerns

SB 579 would place counties in the position of financing follow-up diagnostic testing and care for results generated by unproven screening technologies. This could divert limited public resources away from interventions with established benefit, such as colorectal, lung, breast, and cervical cancer screening. Moreover, unequal county capacity to absorb these costs may exacerbate geographic and socioeconomic inequities across Maryland. Taken together, these concerns raise serious questions about the appropriateness of mandating or publicly funding MCED testing at this time.

Council Recommendation

The Council supports policies that expand access to **proven, guideline-recommended cancer screening and prevention services** for firefighters. However, SB 579 would prematurely legitimize unvalidated technologies, expose individuals to potential harm, and create financial and equity risks without demonstrated public health benefit.

For these reasons, the Maryland State Council on Cancer Control respectfully recommends that the Committee **reject SB 579** or substantially amend the bill to exclude coverage of MCED tests until they are FDA-approved and supported by robust evidence demonstrating improved health outcomes.

Thank you for the opportunity to provide input on this important issue.

Sincerely,

A handwritten signature in blue ink, appearing to read "Taofeek Owonikoko". The signature is fluid and cursive, with a large initial "T" and "O".

Taofeek Owonikoko, MD
Chair
Maryland State Council on Cancer Control